

HIV Reporting by Name

Questions & Answers

Why is HIV reporting necessary?

- ◆ *Texas needs better information about the HIV epidemic.* Right now, there is no reliable way to estimate how many people are infected with HIV in Texas. The best we can do is look at the number and demographic profile of AIDS cases.
- ◆ *Texas needs HIV reporting to improve HIV prevention and services programs.* People who have AIDS today became infected with HIV at least 7- 10 years ago, and the lag between HIV infection and AIDS is growing longer with treatment improvements. We know that there is a shift in which populations are being affected by the epidemic by looking at changes in AIDS demographics, but there may be more subtle changes that only information about HIV infection, not AIDS, can reveal. Communities can't respond to the epidemic if they don't have information that reflects the reality of HIV infection today.
- ◆ *Texas needs HIV reporting to make sure that resources get to the communities that need them most.* TDH uses AIDS case numbers to allocate HIV treatment resources. This means that the numbers used to determine the level of resources allocated to your community do not reflect the current level of demand for services. People who are infected with HIV but have not developed AIDS are eligible for services, but their numbers do not show up in the data used to decide the resources allocated to your area. The reality is that the current system creates a penalty for communities that keep HIV infected people healthy!
- ◆ National, state, and local advocacy groups agree that it is critical to have better monitoring of HIV infection now.

Why do we need HIV reporting by name?

- ◆ HIV reporting systems that use names produce more reliable information about the epidemic than do non-named system. States that have HIV reporting by name report that their systems miss only 3%- 26% of the diagnosed HIV cases in those states. By comparison, the non-named system used to report HIV in Texas **missed about 74%** of the cases diagnosed in 1995-1996.
- ◆ This information could be used to ensure that HIV prevention and services resources are directed to the communities and groups bearing the greatest burden of HIV disease now. It will also make it easier to make sure resource allocations are more sensitive to shifts in the HIV epidemic.
- ◆ Reporting by name allows trained public health staff to work with providers to assure that all individuals who have been reported as HIV positive:
 1. Know that they are infected with HIV;
 2. Are offered appropriate referral to health and social services; and
 3. Are offered assistance in telling their sex and/or drug use partners of their possible exposure to HIV.

How will HIV reporting by name work?

- ◆ Starting January 1, 1999, laboratories and providers in Texas will begin reporting confirmed cases of HIV infection by name.
- ◆ Cases will be reported to the local surveillance authority. Call 1-800-705-8868 to be connected to their offices.

-Continued-



Texas Department of Health ◆ Bureau of HIV & STD Prevention

HIV Reporting by Name

Questions & Answers (cont'd)

How will HIV reporting by name work? (cont'd)

- ◆ The following information is required for each confirmed HIV infection:
 - The name, address, birthdate, sex, and race/ethnicity of the infected person
 - The test type, test date, and test result,
 - The name and address of the provider making the HIV diagnosis.
- ◆ The local surveillance authority will follow back with local providers to fill out an HIV infection case reporting form. They will also work with providers to ensure that the infected individual:
 - Knows his/her test result,
 - Has been referred to medical and social services, and
 - Has been offered assistance in notifying his/her sex and needle sharing partners that they may have been exposed to HIV.
 - The local surveillance authority will send case reports to the Texas Department of Health (TDH) in Austin. TDH will remove identifying information and send case reports to the Centers for Disease Control and Prevention in Atlanta.

Will anonymous testing for HIV still be available?

- ◆ Anonymous testing provides a way to test for HIV without giving a name.
- ◆ TDH is dedicated to making anonymous HIV testing accessible to people in all areas of Texas.
- ◆ All HIV testing sites that get funds from TDH must offer anonymous HIV testing **on site**.
- ◆ By Texas law, all STD clinics and other public health clinics must offer anonymous testing or give referrals to sites that do.
- ◆ The names of those who test positive with anonymous tests will not be reported.
- ◆ Some HIV service providers require a confidential positive test result — one with the client's real name— before they will provide services.

Will HIV reporting by name be retroactive?

- ◆ No!
- ◆ To be accepted by TDH, a case report must have a test date that falls on or after January 1, 1999.
- ◆ People whose last positive test falls before that date will not be reported to TDH until they develop AIDS.

Will HIV reporting by name cause people to delay or avoid HIV testing?

- ◆ A study of 6 states with HIV reporting by name showed that starting this type of reporting did not cause large decreases in testing at publicly funded HIV testing sites. Some of the states that have adopted HIV reporting by name found that HIV testing increased. (*Journal of the American Medical Association*, October 28, 1998)
- ◆ Interviews with more than 600 Texans at risk for HIV conducted by TDH in 1996 and 1997 indicated that only 2% said that concerns about confidentiality or reporting were the main reason for delaying or avoiding testing for HIV.

-Continued-



HIV Reporting by Name

Questions & Answers (cont'd)

What if a person does not want to use his/her real name to test for HIV?

- ◆ People who do not want to have their real names placed on their HIV tests can choose to be tested anonymously.
- ◆ Anonymous testing is available through all HIV testing sites contracting with Texas Department of Health.
- ◆ Call 1-800-299-AIDS to find out where to get an anonymous HIV test in your area.

How is surveillance information kept safe and secure?

- ◆ State and local surveillance sites use three types of security to protect names:
 1. Staff are required to sign confidentiality agreements, and are subject to criminal and civil penalties, and loss of employment, if they breach confidentiality. Staff members receive training in how to conduct case investigations and handle information while maintaining data security and confidentiality.
 2. Physical barriers separate the public from the areas where the information is kept. The computers that hold the data are not accessible to the public or other public health workers outside the surveillance unit. These computers cannot be accessed through modems or the Internet. A limited number of surveillance workers at each site can access the databases.
 3. The surveillance system is electronically secured through passwords and encryption.
 4. The TDH conducts regular security audits of local surveillance sites—some of which are unannounced visits — to ensure that the strict security procedures in place are observed.

Why should the surveillance system be trusted with names?

- ◆ Texas law protects the confidentiality of surveillance data. It is a Class A misdemeanor to make inappropriate release or disclosure of surveillance information. (Health and Safety Code, §81.103).
- ◆ Surveillance information is **not** public information. No one can find out a person's HIV status by filing an open records request or a Freedom of Information Act request.
- ◆ Surveillance workers cannot be subpoenaed or deposed to release surveillance information about an individual. Surveillance workers cannot be questioned in a civil, criminal, special or other proceeding about the existence or contents of the surveillance records of a person examined or treated for a reportable disease without that person's consent (Health and Safety Code §81.046).
- ◆ Surveillance workers do **not** give law enforcement agencies, immigration agencies, insurance companies, employers or families access to the databases which contain surveillance information. Health departments do not provide lists of names of people with HIV or AIDS to **anyone**.
- ◆ Only a limited number of health department staff at the local/regional and state levels have access to named surveillance information. These staff are specially trained to maintain confidentiality and are closely supervised.
- ◆ Local, regional and state surveillance workers have successfully guarded the names of more than 46,000 AIDS patients for 15 years without a known breach of confidentiality in the surveillance system.

What is the cost of converting to HIV reporting by name?

- ◆ All other STD and AIDS are already reported by name. The systems are in place to start accepting names on reports of HIV infection without significant additional cost.
- ◆ The TDH **will not** take money from services or prevention programs to fund HIV reporting by name.



How HIV Reporting by Name Will Work

Fact Sheet

- ◆ Both laboratories and providers will report the names of people who are diagnosed with HIV.
- ◆ The start date for reporting will be January 1, 1999. The Texas Department of Health (TDH) will *not* accept HIV case reports unless the date on the HIV test falls on or after this date.
- ◆ Only people who test positive with *confidential* HIV tests will be reported using names.
- ◆ Names of people who test positive with *anonymous* HIV tests will *not* be reported, although local public health workers may ask providers to supply limited demographic information on anonymous positive HIV tests for statistical purposes. Names of people who test negative will *not* be reported.
- ◆ To make an initial report of HIV infection, providers and laboratories should contact their local health surveillance authority with the following information:
 - Name, address, birthdate, sex, and race/ethnicity of the person with HIV
 - Test date, test results, and test type
 - Diagnosing provider's name, address, and telephone number.
- ◆ Initial reports can be made several ways, through written reports or over the telephone. Call **1-800-705-8868** to be connected with the HIV reporting unit in your area.
- ◆ After the initial report, providers will be contacted by local public health workers to complete case reports.
- ◆ Public health workers will also work with providers to make sure that the infected individual:
 - knows his/her test result,
 - has been given referral to care and services, and
 - has been offered help in notifying his/her partners that they may have been exposed to HIV.
- ◆ The case information will be sent to TDH in Austin. TDH will remove identifying information, then send the case information to the Centers for Disease Control and Prevention in Atlanta.
- ◆ Surveillance information is **not** public information. Surveillance information is confidential. Lists of names are not released to the media, the public, insurance companies, law enforcement agencies, immigration agencies, or any other state or federal agencies.
- ◆ HIV reports will be merged into the system currently used to report AIDS cases and pediatric HIV infections. The names of Texas AIDS patients have been reported since 1983 with no known breaches of confidentiality in the surveillance system.
- ◆ Anonymous testing will continue to be available in each public health region of Texas. In accordance with TDH policy, it will continue to be offered at each HIV testing site contracting with TDH. Call 1-800-299-AIDS to find the nearest anonymous testing site.



Anonymous Testing for HIV

Fact Sheet

- ◆ Anonymous testing means that the name of the person testing is not put on the paperwork for the HIV test. A pseudonym or alias is used.
- ◆ HIV reporting by name will not affect the availability of anonymous testing in Texas. The Texas Department of Health has no intention of stopping anonymous testing in the future.
- ◆ The names of people testing positive for HIV with anonymous tests will not be reported.
- ◆ Individuals who test positive with anonymous tests will not have to give their names to testing counselors upon receiving the positive results.
- ◆ By law, all Texas public health clinics must offer anonymous testing, or refer people to places that do have anonymous HIV testing.
- ◆ All HIV testing sites funded by TDH must offer anonymous testing on site.
- ◆ Call 1-800-299-AIDS to find out where anonymous testing is offered.
- ◆ The choice of whether to test anonymously or confidentially is up to the person being tested.
- ◆ According to the TDH guidelines, counselors who work at TDH-funded HIV testing sites give testing clients information about their testing options without trying to talk clients into one type of testing or another. Counselors do not push either anonymous or confidential tests, but let the client decide.
- ◆ **Clients who are denied the chance to choose anonymous or confidential testing by a TDH-funded HIV testing site should report this to TDH by calling 1-800-299-AIDS. Clients have the option of filing a formal complaint with TDH about this issue. Complaints may be filed anonymously.**



Confidentiality and HIV Reporting by Name

Fact Sheet

- ◆ Surveillance information is not public information.
- ◆ By law, all surveillance information, including HIV reporting information, is *confidential* and *privileged*. The *Open Records Act*, *Medical Practice Act*, and the *Communicable Disease Prevention and Control Act* contain provisions which protect the confidentiality of disease reporting information. No one can find out a person's HIV status by filing an open records request or a Freedom of Information Act request.
- ◆ Surveillance workers cannot be subpoenaed or deposed to release surveillance information about an individual. Surveillance workers cannot be questioned in a civil, criminal, special or other proceeding about the existence or contents of surveillance records for a person who is examined or treated for a reportable disease without that person's consent (Health and Safety Code §81.046).
- ◆ Surveillance workers do not give law enforcement agencies, immigration agencies, the media, insurance companies, employers or families access to the databases which contain surveillance information. Health departments do not provide lists of names of people with HIV or AIDS.
- ◆ There are very limited circumstances under which surveillance information containing a name might be released. Surveillance workers can be ordered to release information on the HIV status of an individual to protect the health of a spouse (Health and Safety Code §81.107), health care workers (§81.107), first responders, emergency personnel, peace officers, fire fighters (§§81.048, 81.050), and victims of sexual assault (Code of Criminal Procedure).
- ◆ Surveillance workers who *negligently* release or disclose surveillance information are liable for:
 - actual damages
 - a penalty of not more than \$1,000, and
 - the cost of bringing the case to court and attorney's fees.
- ◆ Surveillance workers who *intentionally* breach confidentiality are liable for:
 - actual damages
 - a penalty of not less than \$1,000 and not more than \$5,000, and
 - the cost of bringing the case to court and attorney's fees.
- ◆ Intentional or criminally negligent breaches of confidentiality are Class A misdemeanors.
- ◆ TDH employees who breach confidentiality are subject to disciplinary action up to and including termination.
- ◆ **Clients who believe their confidentiality has been breached should tell the director of the organization responsible for the breach. If the issue is not resolved or the client feels that it is inappropriate to discuss the breach with the organization's director, the client can call 1-800-299-AIDS to file a complaint with the TDH. Complaints can be filed anonymously.**



HIV Reporting by Name: Security of Reporting Information

Fact Sheet

In order to protect the security of HIV and AIDS case reports and surveillance databases, the Bureau of HIV and STD Prevention at the Texas Department of Health (TDH) has taken specific proactive security measures. The TDH requires similar levels of security at regional TDH Offices and at surveillance contractor sites, which are primarily local health departments.

- ◆ All paper copies of data collection forms containing potentially identifying information are maintained in a locked file cabinet located in a locked file room.
- ◆ All diskettes received from surveillance sites are password protected.
- ◆ Diskettes provided by sites are either permanently erased or returned after being loaded and verified as erased.
- ◆ Access to the surveillance databases are limited to the fewest numbers of staff possible and only those employees that have an express need to use the surveillance databases to do their job have access.
- ◆ Surveillance databases are on “stand alone” systems that cannot be accessed through the Internet or via modem lines. Surveillance databases are maintained on workstations and computer networks which cannot be accessed by individuals outside the surveillance unit.
- ◆ Offices which house surveillance data have physically restricted access.
- ◆ Telephone conversations in which staff must use or discuss patient identifiers or other confidential information are made in secure areas.
- ◆ All paper copies or computer discs which must be hand carried are kept in a locking briefcase. The briefcase must remain with surveillance staff until it can be secured in a locking cabinet and secure environment.
- ◆ Any state or local presentations of data, oral or written, include only aggregate data with no identifiers.
- ◆ All surveillance employees are required to read and sign a *Statement of Confidentiality* stating that they have read and understand the provisions of the Texas Communicable Disease Prevention and Control Act and the penalties, including dismissal, for any violation of confidentiality.

The Bureau of HIV and STD Prevention has been collecting AIDS case reports by name for 15 years with no known breach of confidentiality.



HIV Reporting by Name: Why Texas is Changing

Fact Sheet

Why Texas is Changing from HIV Reporting by Unique Identifier to Reporting by Name

- ◆ Texas began using the unique identifier (UI) system in 1994 to report HIV infections among adolescents and adults. The UI consists of the last 4 digits of SSN, a 6 digit birthdate, and numbers that stand for race/ethnicity and sex.
- ◆ The TDH estimates that the UI system **missed** between **57% and 74%** of the HIV infections diagnosed in 1995-1997. By comparison, only about **15%** of the diagnosed AIDS cases are not reported.
- ◆ AIDS case reporting is more complete because surveillance staff can take advantage of laboratory reporting of names to find new cases quickly and work with providers to report these cases.
- ◆ Most laboratories have limited information attached to the HIV tests they process, such as the patient's name, test date, and who ordered the test. If they don't have the UI information, they can't report it.
- ◆ Successful UI reporting would require costly changes to the way commercial laboratories handle HIV tests. These are changes the TDH *cannot* force the laboratories to make, nor can the TDH provide funding for these changes.
- ◆ Since most providers don't file client records by UI, the UIs cannot be linked to a client record. This means that local public health workers cannot offer the kind of assistance to providers on HIV case reporting that they can for AIDS or syphilis reporting, which results in low provider case reporting.
- ◆ In Maryland, the only other state with UI HIV reporting, the system misses about 48% of the diagnosed HIV infections.¹ By comparison, named AIDS and syphilis reporting systems miss only about 15%- 20% of the diagnosed cases.
- ◆ Finally, under UI reporting, public health staff cannot work with private physicians and community based testing providers to:
 - Contact HIV positive people who do not return for their test results
 - Offer patients referrals to services, or
 - Offer support in eliciting the names of sex/needle sharing partners and confidentially notifying these partners that they may have been exposed to HIV.

¹*Morbidity and Mortality Weekly Report* (January 7, 1998). Higher figures have been reported, but they are not for the system as a whole.

HIV Reporting by Name: The Impact on HIV Testing

Fact Sheet

The Impact of HIV Reporting on HIV Testing

Many people are concerned that HIV reporting by name will make people stop or delay testing for HIV. The available evidence suggests that HIV reporting by name does not deter testing.

"Effect of HIV Reporting by Name on Use of HIV Testing in Publicly Funded Counseling and Testing Programs"

in *Journal of American Medical Association* (October 28, 1998)

The Centers for Disease Control and Prevention (CDC) looked at HIV testing patterns at publicly-funded HIV testing sites in six states that started HIV reporting by name after 1992: Louisiana, Michigan, Nebraska, Nevada, New Jersey, Tennessee. In each of these states, the CDC compared the number of HIV tests and the risk and demographic profile of those who tested for the 12 months before and 12 months after the initiation of HIV reporting by name.

The CDC concluded that HIV reporting by name did *not* deter HIV testing in publicly funded counseling and testing programs. The study found *no* significant declines in the total number of HIV tests provided at the testing sites in the months immediately *after* implementation of HIV reporting, other than those expected from trends present *before* HIV reporting. In all areas, testing of at-risk heterosexuals increased in the year after HIV reporting by name was implemented. Louisiana and Tennessee reported declines in testing among men who have sex with men (MSM) of less than 5% after HIV reporting by name began; testing increased for this group in the other states. Among injection drug users, testing declined in Louisiana (15%), Michigan (34.3%), and New Jersey (0.6%) and increased in Nebraska (1.7%), Nevada, (18.9%), and Tennessee (16.6%).

The HIV Infection Testing Survey: Interviews with High-Risk Populations in Texas²

The Texas Department of Health (TDH) conducted a study in 1996 and 1997 where local HIV prevention workers interviewed 615 Texas men and women who were members of three specific risk groups: MSM, IDU, and high risk heterosexuals. The interviews took place in gay bars, IDU street hangouts, and clinics treating sexually transmitted diseases (STD). All respondents were at least 18 years old.

85% said that they were likely to test for HIV in the next year, but willingness to test dropped sharply when respondents were asked about their likelihood of testing if anonymous testing options were eliminated. Although 17% expressed some concern about named reporting of HIV test results, only 2% said fear of their name being reported to the government *was the most important reason* they had delayed or had not tested for HIV.

These studies suggest that HIV reporting by name will not significantly deter testing, although anonymous testing may go up.

²This study is ongoing.



History of HIV/AIDS Reporting in Texas

Fact Sheet

- 1983 Reporting of AIDS cases by name begins. Identifying information is removed before case reports are sent to the Centers for Disease Control and Prevention in Atlanta.
- 1987 Texas Legislature requires reporting of HIV infection. Legislation leaves the method of reporting to discretion of the Board of Health.
- 1987 HIV infection reporting begins using an anonymous, aggregate reporting system. Providers report the numbers of cases and limited demographic information on cases.
- 1992 TDH proposes HIV reporting by name to the Board of Health. Because of objections from the community, the TDH withdraws the proposal, and works with community to find an alternate reporting system.
- 1994 The alternative system, which uses a 12-digit unique identifier (UI) code instead of a name to report cases of HIV infection in adolescents and adults, is implemented in March. The evaluation of the system's performance begins immediately. Reporting of pediatric HIV infections by name begins in March.
- 1997 Evaluation of UI system performance completed, showing that the UI system misses more than half of the positive HIV tests done.
- 1/98 The Texas Department of Health announces its recommendation for HIV reporting by name and invites public input.
- 2-3/98 Town hall meetings held across the state.
- 4-5/98 TDH drafts a proposal for HIV reporting by name to be submitted to the Board of Health.
- 6/98 Board of Health discusses HIV reporting by name at June meeting. The Community Consultation on HIV Reporting formed to advise TDH on issues associated with the implementation of HIV reporting by name.
- 7/98 The Board of Health proposes the rules at the July meeting. The public comment period on the rules opens July 31 and closes August 30.
- 11/98 The Board of Health discusses adoption of HIV reporting by name.



Public Health Disease Surveillance: An Overview

Fact Sheet

- ◆ Certain diseases are such a serious threat that the Texas Board of Health designates them reportable diseases. For example, tuberculosis, measles, polio, diphtheria, cholera, and botulism are all reportable.
- ◆ When a health care provider diagnoses someone with a reportable disease, or a laboratory processes a test that gives evidence of a reportable disease, they must notify local/regional public health disease surveillance staff. Usually, diseases are reported by giving the name of the infected individual—which is why it is called *reporting by name*.
- ◆ Public health surveillance workers are responsible for maintaining statistical records to show how widespread a disease or condition is, and to describe which groups or areas a disease is affecting. This information is also used to plan disease prevention programs and to decide how to allocate treatment and services resources.
- ◆ Public health workers are also responsible for making sure that action is taken to prevent further disease spread. These actions may include helping people who have been exposed to a contagious disease get tested for the condition, and helping infected people get treatment.
- ◆ By law, all the information that is collected and stored by public health surveillance workers is **confidential** and **privileged**. The information has the same protection under the law as information shared between a client and a lawyer or doctor. **It is not public information.**

HIV Reporting by Name

Media Tips

Your Role in Productive Public Discussion of HIV Testing with Name-Based Surveillance

Agencies working to provide or encourage HIV testing know firsthand about the reasons—from the trivial to the serious—that individuals who are at risk for HIV give for delaying testing or not testing at all. As Texas changes its method of reporting HIV test results from a numerical code to a name, the discussion of reasons for and against testing is likely to expand to the broader community.

Agencies that provide social services to clients with HIV, prevention providers, public health agencies, and community activists have all been involved in the discussion about HIV reporting by name and its possible effect on HIV testing—in public and in private. The media may become more active in the discussion as well, both as a source of news and as a vehicle for the community's discussion.

In the ideal world, the discussion of whether to test would be held directly between the client and his/her counselor. Prevention messages and personal assurances could then be tailored to the individual client. The real world, however, will send many messages to clients from many sources. Some of the messages will be inaccurate; some will cause unnecessary anxiety about HIV testing. Some will even discourage clients from being tested.

This document provides you with some communication tips to help you participate in the public discussion of HIV testing and surveillance so that you can help make the discussion productive—and keep it focused on public health.

REMEMBER: *“Informed choice” depends upon full and accurate information. Otherwise, it’s neither informed nor choice.*

Getting the Message to Clients

Many intermediaries can come between you and the client, the person who should be tested for HIV. The intermediaries with the widest reach are television, newspapers, and “alternative media” (such as magazines directed toward special communities). You can help clients make better choices about getting tested by monitoring the messages provided by these intermediaries and responding with truthful, factual information.

Keeping up with all the messages that clients can receive about HIV testing and surveillance is an impossible task. You can, however, keep an eye out for messages about HIV testing and surveillance that are presented in the media sources that you already use for your everyday sources of news and entertainment.

When your local newspaper publishes an article that mentions HIV testing and surveillance, you can check its facts for accuracy, look for any bias that might deter clients from getting tested, and see whether complete information has been given about the importance of HIV testing or surveillance. If there is a problem, you can respond with full and accurate information.



HIV Reporting by Name

Media Tips

Getting the Message to Clients (cont'd)

Clients who get the first (inaccurate) message need to get the second message (your response) so that they can make the right choice about HIV testing. Successful responses—those that get printed or that lead to a “correction” story—will come from being prepared.

REMEMBER: *In dealing with controversial topics, there's no such thing as being too prepared.*

Preparing for the Public Discussion

It's important to anticipate the kinds of questions that different groups might have about HIV testing and surveillance as the process changes in Texas. Typical questions might include the following:

- Why is TDH changing its method of HIV surveillance? And why now?
- Can't someone come up with a better unique identifier instead of using names?
- Won't people be afraid to test if they know that names will be reported to the government?

Of course, there are many other questions that can be asked about HIV testing with name-based surveillance. You've probably already heard most of them raised when this issue has been discussed in both public and private forums. Some of those questions are tough questions—questions that you dread or that you find it hard to answer. We hope that the material in this packet helps you to address these questions.

When a television reporter calls you for comments on a news story, there is rarely ever any prior notice. Newspapers frequently accept letters to the editor only on topics that are “timely”; you may have only a matter of hours to respond to a news article that includes inaccuracies or sensationalizes the issue. Being prepared for the public discussion means having answers for the tough questions well before someone asks them. It also means perfecting your response before you open your mouth or put pen to paper.

One way to prepare for the tough questions is to make a list of those questions that you think will be important in your community. Then take some time to formulate your responses. You might jot down key words, important facts, or talking points to help you focus your response.

It's a good idea to practice your responses out loud. That way, you can hear your own inflections and how you put your thoughts into sentences. You will also be more comfortable with the points you want to make so that, when the time comes to answer the tough questions, you are at ease with both the questions and your answers.



HIV Reporting by Name

Media Tips

REMEMBER: A skilled response to a tough question is one that focuses on the answer you want to give, not the toughness of the question.

Perfecting Your Delivery

Here are a few tips about communication style that will be useful no matter whether you are writing a letter to the editor or giving a television interview.

- Preface your statements by acknowledging that not everyone agrees with your position. Say that you appreciate being allowed to share research findings from the Texas Department of Health, the U.S. Centers for Disease Control and Prevention, and other reputable sources.
- Practice your answers, but don't memorize them. Your statements should be as natural as possible so that they don't sound "canned." Distill your messages to "sound bites" as often as possible; this will allow you to constantly re-emphasize your primary points. If you can, get someone to help you by firing tough questions at you.
- Remain patient and calm. It's important to remember that when people express opposing views, they are expressing their own opinions, not attacking you personally (even if it sounds like a personal attack!). No matter how tempting it is to fire back in the same tone or language, remember that you may have to work with those same people on other issues tomorrow. Don't burn any bridges, even if you are tempted.
- Keep your answers as short as possible while still getting your primary points across. Try to keep your answers limited to 30 seconds to a minute. This will help keep the discussion focused on your primary points.
- Maintain eye contact with the questioner and any others in the room. If you have "cheat sheets," don't read your answers. Try not to look up, down, or away from others—this often appears evasive to listeners.
- Use body language to convey your desire to seek common ground with the listener: Lean slightly forward, toward the questioner.
- Smile if appropriate. Never frown or use facial expressions that indicate contempt or anger toward your questioner.
- Gestures are effective. You can tick off points on your fingers or emphasize inclusiveness with a scooping gesture toward your body. Gestures should, however, appear natural. Don't force yourself to use gestures that aren't a normal part of your communication style. Above all, don't use gestures that appear threatening—such as pointing fingers, making fists, or banging on a lectern or table.

REMEMBER: How you say something is as important as what you say.

